



For Ecology Use
(Date Stamp)



Water Resources Program
Request for Determination of Water Budget Neutrality

☒ SURFACE WATER ☐ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT

Applicant/Business Name: <u>c/o. Judith</u> <u>Bear Cove Cabins Inc. Pheifer</u>		Phone No: <u>848</u>	Other No:
Address: <u>5309 Crest Acres PL.</u>			
City: <u>Yakima</u>	State: <u>WA</u>	Zip: <u>98908</u>	
Email Address (optional):			

Contact Name (if different from above): <u>Kelly Pulito</u>	Phone No: <u>360-458-0894</u>	Other No:
Relationship to Applicant: <u>President, Bear Cove Cabins, Inc.</u>		
Address: <u>P.O. Box 72</u>		
City: <u>McKenna</u>	State: <u>WA</u>	Zip: <u>98558</u>
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **Bear Cove Cabins, Inc. is made up of 50 cabins whose water use is authorized under Yakima County Adjudication Court Claim No. 02079. The priority date of the claim is April 21, 1939, which is subject to curtailment during years of prorationing of the Yakima Basin Water Project. This application is requesting that Ecology sell mitigation to Bear Cove and make a determination that, with this mitigation, Bear Cove is water budget neutral and may continue to use their water right during years of prorationing (dry years).**

Anticipated length of time to complete your project: _____

Is this for an existing use, established prior to July 16, 2009? ☒ Yes ☐ No

If yes, when was the water first regularly and beneficially used? 1939

For Ecology Use	APPLICATION NO: <u>3435582</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011 <u>WRA 38 YAKIMA</u>

Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Group Domestic & Fire Protection
Under Claim No. 02079

Purpose(s) of Use	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic and Fire Protection for 50 cabins	0.025 CFS		Continuously
TOTAL:			

*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:

<http://www.ecy.wa.gov/programs/wr/cro/wtrchng.html>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>un-named</u> <u>cert. No 54-83201-J</u> Tributary to: <u>Rimrock Lake</u> Number of proposed diversion points: <u>One</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: _____ If available, attach Water Well Report and pump test. Well Tag ID No. _____ Number of proposed points of withdrawal: _____

C.) Point of Diversion/Withdrawal – Legal Description

Snoqualmie National Forest

Parcel No.	¼	¼	Section	Township	Range	County
Section 10	SE	NE	10	13	13	Yakima
Lot(s)	Block(s)		Subdivision			

If available, GPS (Global Positioning System) device location:

Latitude: _____ N Longitude: _____ W

Datum and units (for example NAD83 and decimal degrees, etc): _____ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐) corner of Section_____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only

Projected number of connections to be served:

50 Cabins

Type of connections: Recreational Cabins
(e.g., home, recreational cabin)

B.) Municipal Water Systems only

(defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:

_____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☐ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

D.) On-Site Septic

Will there be an on-site septic system? ☐ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic

drain field.

E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

F.) Irrigation

None

Total number of acres requested to be irrigated under this application = _____ Acres or _____ square feet

NOTE: Outline the area to be irrigated on your attached map.

(1 acre = 43,560 square feet)

Section 5. MITIGATION

To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Cabin Owners Water Bank

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
<i>CS4-00195CTCL(B)sbb</i>	<i>0.025</i>		<i>1.0</i>	<i>June 30, 1873</i>
TOTAL:				

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:				

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: _____ AFY

ECY 070-371 (Revised 07/2011) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.